



GEORGIA STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS  
237 Coliseum Drive Macon, Georgia 31217-3858  
(478) 207-2440 (Telephone) \* [www.sos.ga.gov/plb/psych](http://www.sos.ga.gov/plb/psych)

DOCUMENTATION OF SUPERVISED EXPERIENCE

FORM B

FOR NON-APA ACCREDITED OR NON-APPIC MEMBER INTERNSHIPS **ONLY**

INSTRUCTIONS

- In addition to Form A, applicants should complete **Part I** of this Form B and submit this entire form to **each** Pre-Doctoral Internship Supervisor.
- Pre-Doctoral Internship Supervisor should complete **Part II**.
- Please print or type.

TO THE SUPERVISOR:

You have been asked to attest to experience required of an applicant for licensing as a psychologist in Georgia. The Board requests that you answer the questions as candidly and objectively as possible and place in sealed envelope with your **signature written across the envelope flap**, and either return to the applicant or forward under separate cover to the Board of Examiners of Psychologists to the address noted above.

PART I – APPLICANT INFORMATION

NAME \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_  
Street (P.O. Box not acceptable) City State Zip Code

MAILING ADDRESS \_\_\_\_\_  
(If different than physical address above) Street (P.O. Box acceptable) City State Zip Code

PART II - PRE-DOCTORAL INTERNSHIP SUPERVISOR INFORMATION

SUPERVISOR INFORMATION:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street City State Zip Code

OFFICE TELEPHONE ( ) \_\_\_\_\_ OFFICE FAX ( ) \_\_\_\_\_

E-MAIL \_\_\_\_\_

HIGHEST DEGREE EARNED \_\_\_\_\_ YEAR \_\_\_\_\_

UNIVERSITY \_\_\_\_\_ PROGRAM \_\_\_\_\_

GEORGIA LICENSURE:

☐ Yes ☐ No Are you a licensed psychologist in Georgia? If "Yes," complete:  
Year Licensed: \_\_\_\_\_ License Number: \_\_\_\_\_

OTHER LICENSE/CERTIFICATION

☐ Yes ☐ No Are you licensed by another state/jurisdiction? If "Yes," complete:  
State/Jurisdiction: \_\_\_\_\_ Year Licensed: \_\_\_\_\_ License Number: \_\_\_\_\_

ABPP DIPLOMA: Year: \_\_\_\_\_ Specialization: \_\_\_\_\_

**SUPERVISOR INFORMATION** (Continued from page 1)

Are you a member of the American Psychological Association? ☐ Yes ☐ No

TITLE AND POSITION DURING THE PERIOD OF SUPERVISION: \_\_\_\_\_

Are you related, in any manner, to the applicant? ☐ Yes ☐ No If "Yes," please explain: \_\_\_\_\_

**INFORMATION ABOUT THE SUPERVISION:**

Name of Facility \_\_\_\_\_

Address of Facility \_\_\_\_\_  
Street City State Zip Code

Applicant's Title (if any) during the time of supervision: ☐ Intern ☐ Resident Year ☐ Fellow  
☐ Other: \_\_\_\_\_

Describe the setting where training and supervision occurred: \_\_\_\_\_

Did the Applicant work directly under your supervision? ☐ Yes ☐ No

Starting Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_  
Number of weeks in this period \_\_\_\_\_ Total # of Hours under Your Supervision \_\_\_\_\_

Number of **Client Contact Hours**  
a week completed by Applicant  
during your span of  
supervision: \_\_\_\_\_

Average Number of Clock Hours a  
week spent with Applicant in **Face-**  
**to-face Supervisory Activities**  
during your span of supervision: \_\_\_\_\_

Average Number of Clock Hours a  
week spent with Applicant in **Group**  
**Supervisory Activities** during your  
span of supervision: \_\_\_\_\_

APPLICANT'S DUTIES: Briefly describe the Applicant's duties as you knew them: \_\_\_\_\_

**COMPLIANCE WITH BOARD REGULATIONS:**

☐ Yes ☐ No  
☐ Yes ☐ No ☐ Not Applicable  
☐ Yes ☐ No  
☐ Yes ☐ No ☐ Not Applicable

I approved the Applicant's clients in advance.  
Fees for client services were either billed by or accepted by the Applicant.  
Final responsibility for the client's welfare was mine, as supervisor.  
I was on the site during the time that services were being rendered by this  
subordinate/Applicant. If "No," what arrangements were made: \_\_\_\_\_

During the time of this Applicant's supervision, what was the maximum number of full or part-time subordinates under your supervision? \_\_\_\_\_

Did you approve all assessments and treatment plans? ☐ Yes ☐ No If "No," describe circumstances: \_\_\_\_\_

Comment on subordinate's/Applicant's ability and cooperativeness in this regard: \_\_\_\_\_

**INFORMATION ABOUT SUPERVISEE/APPLICANT'S COMPETENCE:**

**INSTRUCTIONS:**

- For the following competencies, please indicate at which level the Applicant was performing at the time your supervision ended.

- Use this SCALE:

Level 1 - Ready for independent practice

Level 2 - Needed continued supervision

Level 3 - Had not achieved minimal competence (unsatisfactory)

N/A - I can make no judgement relative to this competency

COMPETENCY	RATING
Ability to establish a professional relationship	
Ability to assess client's needs and to plan appropriate interventions	
Ability to make interventions appropriate to client needs	
Ability to be flexible in choosing and changing interventions as appropriate	
Ability to assess prudently one's own capacities and skills in a professional situation	
Ability to work effectively in a one-to-one relationship	
Ability to work effectively in a group situation	
Ability to work effectively where systems level interventions are required	
Knowledge of professional ethics and the ability to apply that knowledge appropriately to practical situations	

Within the Applicant's major area of specialty

CHECK ONE ☐ Clinical ☐ School ☐ Counseling ☐ I/O

The applicant is not qualified in the following activities:

\_\_\_\_\_

\_\_\_\_\_

**SUPERVISOR'S CONCLUSION AND RECOMMENDATIONS:**

**INSTRUCTIONS:**

- This Applicant is seeking to become a licensed practitioner of Psychology in Georgia. In effect, the Applicant is claiming the readiness for independent professional practice without direct supervision.
- Please give the Board your assessment of the Applicant's level of preparation for independent practice at the end of their internship year. The Board understands that the Applicant is required to attain a year of Supervised Work Experience following the completion of the doctoral degree.
- Please feel free to add any other information you feel may assist the Board in evaluating this Applicant's qualifications.
- Use this SCALE:

Level 1 - Ready for independent practice  
Level 2 - Needed continued supervision  
Level 3 - Had not achieved minimal competence (unsatisfactory)  
N/A - I can make no judgment relative to this area

**READINESS IN TERMS OF THEORETICAL KNOWLEDGE AND SKILLS (CIRCLE ONE)**

1      2      3      N/A

**READINESS IN TERMS OF APPLIED KNOWLEDGE AND SKILLS (CIRCLE ONE)**

1      2      3      N/A

**READINESS IN TERMS OF PERSONAL FUNCTIONING (CIRCLE ONE)**

1      2      3      N/A

**READINESS IN TERMS OF ETHICAL PRACTICE (CIRCLE ONE)**

1      2      3      N/A

**SIGNATURE OF SUPERVISOR:**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Supervisor